Case 3:06-cv-00407-	MEF SENDER: COMPLETE THIS SEC	Filed 05/12/		
	Complete items 1 2 and 3 Ale		COMPLETE THIS SECTION ON DELIVERY	
			A. Signature	-
	The your liable and address an	. AL	* Blenda Elizan	l Ag
	so that we can return the card to Attach this card to the back of the		B Received by (B)	Mdd
	or on the front if space permits.	ne mailpiece,	B. Received by (Printed Name) C. Date	of [
	Article Addressed to:		D. is delivery and the	7
			D. Is delivery address different for item 1? If YES, enter delivery address below:	Yes
			address belowed to	No
	Carey Tolbert, Major	•		Ì
	P.O. Box 2407		I A SAN AVW	j.
	Opelika, AL 36801	4	(40 Cripander Vinne	ارد
	openia, AL 30001	1	3. Service Type	_
•	4 %		☐ Certified Mail ☐ Express Mail	
	3'0	7	Hegistered Return Receipt for Men	Cha
i.	2.06cv401	-NEF	L C.O.D.	
	2. Arucie Number		4. Restricted Delivery? (Extra Fee)	es
	(Transfer from service label)	7005	7950 0005 34PT 7730	
	PS Form 3811, February 2004	Domestic Retu		
		Domestic Hell	um Heceipt 102595-0)2-M
	SENDED, COL			
	SENDER: COMPLETE THIS SECTION	ON	COMPLETE THIS SECTION ON DELIVERY	
	■ Complete items 1, 2, and 3. Also contem 4 if Restricted Delivers is at a	omplete	A. Signature	
	item 4 if Restricted Delivery is desir	ed.		
•	Print your name and address on the so that we can return the card to your address.		X Duenda lingano Ado	ent
``	" " " I I I I I I I I I I I I I I I I I	nailpiece.	B. Received by (Printed Name) C. Date of D	
	permits.	IL.	Drende Troman	HIV
	Article Addressed to:		U. Is delivery address in the second	
		_	If YES, enter delivery address below: No	
	Corey Malak	- 11		
	Corey Welch, Lt.		(2) Sold (2)	
	P.O. Box 2407	1 16	\$U) Count Q = 15	
	Opelika, AL 36801	1	3. Service Type	
	• • • • • • • • • • • • • • • • • • •	١		
	2		Registered Return Receipt for As	
	3:06 CU 407-MEF	<u> </u>	L C.O.D.	rais
	2. Article Number	4.	. Restricted Delivery? (Extra Fee)	
	(Transfer from service label)			
	PS Form 3811, February 2004	T COO!	820 0002 3461 1147	
	and the second second second second	Domestic Return F	Receipt 102595-02-M-	154
			102050-02-101-	1040
	SENDER: COMPLETE THIS SECTION	CO). (C) (T)	
	Complete items 1, 2, and 3. Also compitem 4 if Restricted Dalis		OMPLETE THIS SECTION ON DELIVERY	
			Signature	-
:	- I III YOU DAME and address on the	verse X	Dunde - Para = Agent	
	Attach this card to the back of the		Received by (Printed Name S Posts of Politic	
_	or on the front if space permits.	Slece,	Served by (Printed New Server) Sate of Delive	∍ry
	Article Addressed to:	D. I:	s delivery address as 1. 1000	
	the second secon	H	f YES, enter delivery address below:	
		; ! !		
	Jay Jones, Sheriff		VAM 'S	
	P.O. Box 2407	/4/	O CINDE () LAXITIES	
	Opelika, AL 36801	4		_
	·	3. 8	ervice Type Certified Mail	-
			Certified Mall	
	3:06cv407-17EF		Insured Mail C.O.D.	3
	Addid Not the COUNTY of the Co	4. Re	estricted Delivery? (Extra Fee)	-
2	2. Article Number (Transfer from service label)		4 103	-
*******	(7005)	1820 NAUS 3461 1123	